

Campaign Finance Section Financial Report

Financial Reports are required to be submitted to the Campaign Finance Section of the Office of the State Election Commissioner by all Candidates, Committees, and Organizations. Late or incomplete reports are subject to fines levied by the Commissioner's Office, so please be sure to check all applicable deadlines and file on time. Add extra sheets if necessary.

Full Organization Name:	James M. Baker Campaign	n Committee		
Account Number:	*****	Date	e of this Report:	10/15/2008
Reporting Period Start:	09/02/2008	Rep	orting Period End:	10/05/2008
Office:	Mayor - City Of Wilmington	on		
Check the box that applies to the	nis report:			
Primary Election General Election Other Election Special Election	8-DAY 30-DA 8-DAY X 30-DA 8-DAY 30-DA 8-DAY 30-DA YEAR END	AY AY AY		
Final Organization Closing: Amendment:	YES YES	X NO X NO	Closing Date:	
I authorize that all information in Campaign Finance and the election perform an audit of all information	process in the State of Delaware.			
TREASURER SIGNATURE			DATE	
CANDIDATE SIGNATURE			DATE	



STATEMENT OF ACCOUNT BALANCE

Ac	count Number:	*****	Reporting Period:	09/02/2008 FROM	10/05/2008
				I KON	10
1.	BEGINNING BALAN	NCE (Ending Balance from	a last reporting period)		\$13,442.79
2.	RECEIPTS:			_	
	A. SCHEDULE A - T	OTAL RECEIPTS		_	\$7,000.00
	B. SCHEDULE C-1 -	TOTAL IN-KIND RECEI	PTS	_	\$0.00
	C. SCHEDULE D-1 -	TOTAL LOANS RECEIV	TED	_	\$0.00
	D. SCHEDULE E - To	OTAL EXPENSE REIMBU	URSEMENTS RECEIVED	_	\$0.00
	E. SUBTOTAL (Total	of A,B,C,D)		_	\$7,000.00
3.	EXPENDITURES:				
	F. SCHEDULE B - TO	OTAL EXPENDITURES		_	\$14,765.72
	G. SCHEDULE C-2 -	TOTAL IN-KIND EXPEN	NDITURES	_	\$0.00
	H. SCHEDULE D-2 -	TOTAL LOAN PAYMEN	TS	_	\$0.00
	I. SCHEDULE E - TO	OTAL EXPENSE REIMBU	TRSEMENTS PAID	_	\$0.00
	J. SUBTOTAL (Total	of F,G,H,I)		_	\$14,765.72
4.	ENDING BALANCE	(Beginning Balance plus 2	2E minus 3J)	_	\$5,677.07
5.	VALUE OF NON-CA	SH ASSETS (From Sched	ule F)	_	\$0.00
6.	VALUE OF DISPOSE	ED/TRANSFERRED ASSE	ETS (From Schedule G)	_	\$0.00
7.	VALUE OF LOANS A	AT END OF PERIOD (Loa	an Balance From Schedule D-2)	_	\$0.00
8.	CLOSE OUT BALAN	NCE (Must equal zero if co	mmittee closed)	_	\$5,677.07



SCHEDULE A - TOTAL RECEIPTS

Account Number:	***** Reporting Period:		09/02/2008	10/05/2008
			FROM	TO

Itemize all receipts over \$100 for the reporting period. Receipts from sales of items must be itemized if they are over \$50. NOTE: If you receive funds from the same person or organization several times during the reporting period, each item must be listed if the **aggregate** amount is over \$100, even if the individual amounts are not.

RECEIPTS IN EXCESS OF \$100:

Date Received	Contributor Name	Contributor Mailing Address	Aggregate Amount	Amount Received
09/05/2008	Delaware State AFL-CIO	922 New Road, Wilm., DE 19805	\$600.00	\$600.00
09/29/2008	Bellevue Realty Corp.	909 Delaware Avenue, Wilm., DE 19806	\$600.00	\$600.00
09/29/2008	Integrated Construction Services	2 Penn's Way, New Castle, DE 19720	\$250.00	\$250.00
09/29/2008	Johnathan Hickey	5 Zachary Court	\$100.00	\$100.00
09/29/2008	Bellevue Holding Company	P.O. Box 1909, Wilm., DE 19899	\$600.00	\$600.00
10/03/2008	Ron Skillens & Associates	234 Philadelphia Pike, Wilm., DE	\$50.00	\$50.00
10/03/2008	J.P. Davisson	48 Toft Woods Way, Media, PA 19063	\$100.00	\$100.00
10/03/2008	Pete Morrow	224 Welwyn Rd., Wilm., DE 19803	\$100.00	\$100.00
10/03/2008	Jacqueline Ivy	209 Medford Rd., Wilm., DE 19803	\$100.00	\$100.00
10/03/2008	James Stewart III	P.O. Box 7745, Wilm., DE 19803	\$100.00	\$100.00
10/03/2008	John Brown	616 Springer Street, Wilm., DE 19805	\$100.00	\$100.00
10/03/2008	Christopher & Maria Buccini	7475 Wisconsin Avenue, Bethesda, MD 20814	\$600.00	\$600.00
10/03/2008	Robert & Elizabeth Buccini	7475 Wisconsin Ave., Bethesda, MD 20814	\$600.00	\$600.00
10/03/2008	Gregg Galardi	1115 Brandon Lane, Wilm., DE 19807	\$500.00	\$500.00
10/03/2008	Bayard Snyder	4 Windswept Lane, Wilm., DE 19807	\$600.00	\$600.00
10/03/2008	David Marvin	8 Carriage Road, Greenville, DE 19807	\$200.00	\$200.00

10/03/2008	Robert Harrison	2406 Willard Street, Wilm., DE 19806	\$200.00	\$200.00	
10/03/2008	John Hawkins	15 Wood Road, Wilm., DE 19806	\$200.00	\$200.00	
10/03/2008	Stephen Dobraniecki	16 Staten Dr., Hockessin, DE 19707	\$100.00	\$100.00	
10/03/2008	Edward Connor Jr.	12 Thunder Hollow, Wilm., DE 19808	\$100.00	\$100.00	
10/03/2008	Tina Betz	301 Barrett Street, Wilm., DE 19802	\$100.00	\$100.00	
10/03/2008	Michael Gallagher	1302 Richards Alley, Wilm., DE 19806	\$150.00	\$150.00	
10/03/2008	Patricia McGivney	161 New Granville Rd., Wilm., DE 19808	\$100.00	\$100.00	
10/03/2008	Linda Hedinger	1228 Crestover Rd., Wilm., DE 19803	\$100.00	\$100.00	
10/03/2008	Carrie Gray	2608 Baynard Blvd., Wilm., DE 19802	\$100.00	\$100.00	
10/03/2008	Joan Sharp	105 Christina Landing, Wilm., DE 19801	\$100.00	\$100.00	
10/03/2008	Bernardon Haber Holloway Architects	425 McFarland Rd., Kennet Sq., PA	\$100.00	\$100.00	
10/03/2008	Werb & Sullivn	300 Delaware Ave., Wilm., DE 19899	\$100.00	\$100.00	
10/03/2008	John Hawkins	15 Wood Rd. Wilm., DE 19806	\$100.00	\$100.00	
10/03/2008	Gary Ferguson	9 Maplewood Ln., Wilm., DE 19810	\$100.00	\$100.00	
10/03/2008	A Friend of the Family, Inc.	P.O. Box 5051 Wilm., DE 19808	\$100.00	\$100.00	
TOTAL RECEIPTS IN	TOTAL RECEIPTS IN EXCESS OF \$100				
TOTAL RECEIPTS NO	TOTAL RECEIPTS NOT IN EXCESS OF \$100				
	RAND TOTAL RECEIPTS OTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 2A)				



SCHEDULE B - TOTAL EXPENDITURES

Account Number:	***** Reporting Period:		09/02/2008	10/05/2008
			FROM	TO

Itemize all expenditures over \$100 for the reporting period. All expenditures to Political Committees must be itemized, regardless of the amount. NOTE: IF you expend funds to the same person or organization several times during the reporting period, each item must be listed if the **aggregate** amount is over \$100, even if the individual amounts are not.

EXPENDITURES IN EXCESS OF \$100:

Date Expended	Payee Name	Payee Mailing Address	Aggregate Amount	Amount Expended
09/08/2008	Marcia Starks	807 N. Lincoln, Wilm., DE 19805	\$1,260.00	\$1,260.00
09/08/2008	A6 Media	520 Bluebill Dr., New Castle, DE 19720	\$6,200.00	\$6,200.00
10/03/2008	William Montgomery	306 West 14th Street, Wilm., DE 19801	\$463.72	\$463.72
10/03/2008	A6 Media	520 Blebill Dr., New Castle, DE 19720	\$7,889.00	\$1,689.00
TOTAL EXPENDITUR	ES IN EXCESS OF \$100			\$9,612.72
TOTAL EXPENDITURES NOT IN EXCESS OF \$100				\$5,153.00
GRAND TOTAL EXPENDITURES (TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 3F)				\$14,765.72



SCHEDULE C-1 - TOTAL IN-KIND RECEIPTS

Account Number:	*****	Reporting Period:	09/02/2008 FROM	10/05/2008 TO
		t value in excess of \$100 for the reporting period. NOTEs over \$100, even if the individual amounts are not.	3: If you receive in-kind contributions from the same	e person or organization several tin
IN-KIND CONTRIBUTIO (NOTE: ESTIMATED VALUE)		ESS ANY PAYMENTS YOU MADE FOR THE GOO	ODS OR SERVICES)	
Date Received	Contributor Name	Contributor Mailing Address	Description of Contribution	Est. Amount Received
TOTAL CONTRIBUTION	NS IN EXCESS OF \$100			
TOTAL CONTRIBUTION	NS NOT IN EXCESS OF \$100			
GRAND TOTAL RECEIP (TOTAL SHOULD ALSO		NT OF ACCOUNT BALANCE, ITEM 2B)		



SCHEDULE C-2 - TOTAL IN-KIND EXPENDITURES

Account Number:	*****	Reporting Period:		10/05/2008 TO
reporting period, each item must be IN-KIND EXPENDITURE	s listed if the aggregate amount is over \$100 s IN EXCESS OF \$100:	alue in excess of \$100 for the reporting period. NOTE: d, even if the individual amounts are not. LESS ANY PAYMENTS YOU RECEIVED FOR THE	If you pay in-kind expenditures to the same person of	
Date Expended	Payee Name	Payee Mailing Address	Description of Expenditure	Est. Amount Expended
TOTAL EXPENDITURES	IN EXCESS OF \$100			
TOTAL EXPENDITURES	NOT IN EXCESS OF \$100			
GRAND TOTAL EXPEND (TOTAL SHOULD ALSO		NT OF ACCOUNT BALANCE, ITEM 3G)		

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SCHEDULE D-1 - LOANS RECEIVED

Account Number:	*****	Reporting Period:	09/02/2008 FROM		10/05/2008 TO
All loans in excess of \$50 REC	EIVED DURING THIS REPORTING PERIOD sho	uld be itemized on this schedule. NOTE: The	se loans must also be listed on Schedule D-2.		
LOANS RECEIVED IN	EXCESS OF \$50:				
Date Received	Lender	Endorser	Description of Security	Int. Rate	Amount Received
TOTAL LOANS RECEI (TOTAL SHOULD ALS	IVED O APPEAR ON PAGE 2, STATEMENT OI	ACCOUNT BALANCE, ITEM 2C)		



SCHEDULE D-2 - LOANS

Reporting Period:

09/02/2008

TOTAL LOAN BALANCE SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCT BALANCE, ITEM 7.)

Account Number:

					FROM		10
ll outstanding loans in exc	cess of \$50 must be listed. This inclu	des loans from Lending Institutions, Candida	tes Personal Funds and Other Cor	ntributors.			
OANS IN EXCESS	OF \$50:						
Date Rec'd	Lender	Endorser	Description	Int Rate	Orig. Loan Amt	Payments Made	Balance
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		İ			Î		
OTAL LOANS	C MADE CHOIL DALCOA	PPFAR ON PACE 2 STATEMENT		rem 2H			

10/05/2008



SCHEDULE E - EXPENSE REIMBURSEMENTS

Account Number:	*****	Reporting Period:	09/02/20		10/05/2008
			FROM		ТО
All expense reimbursements i	received by you and paid by you must be itemized.				
REIMBURSEMENTS	RECEIVED (Monies paid to you as reimb	ursements for expenses you incurred.)			
Date Received	Reimburser	Description of Activity	Activity Date	Total Expense	Reimbursement
TOTAL REIMBURSEMENTS RECEIVED (TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 2D.)					
(101112 5110 622 111	30 111 2 111 01 111 02 2, 01 111 2 12 2 1	011100001112111002,11211201			

REIMBURSEMENTS PAID (Monies paid by you to reimburse others for expenses they incurred.)

Date Paid	Payee	Description of Activity	Activity Date	Total Expense	Reimbursement
TOTAL REIMBURSE (TOTAL SHOULD AI					

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SCHEDULE F - NON-CASH ASSETS

Account Number:	*****	Reporting Period:	09/02/2008 FROM	10/05/2008 TO
Itemize all non-cash assets owned	by the organization including those paid for by the o	organization, lent to the organization and contri		
LIST ALL NON-CASH A	SSETS			
Date Received	Description of Asset	Loc	cation of Asset (Physical Address)	Value of Asset
TOTAL ASSET VALUE (TOTAL SHOULD ALSO	APPEAR ON PAGE 2, STATEMENT O	F ACCOUNT BALANCE, ITEM 5.)		

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SCHEDULE G - ELIMINATION OF ASSETS

Account Number:	*****	Reporting Period:	09/02/2008 FROM	10/05/2008 TO
Itemize all non-cash assets dispos	ed of, transferred or sold by the organization during the re	eporting period.		
LIST ALL ELIMINATED	ASSETS			
Date Eliminated	Description of Asset		Disposition of Asset	Value Received
TOTAL ASSETS ELIMIN (TOTAL SHOULD ALSO	NATED APPEAR ON PAGE 2, STATEMENT OF AC	CCOUNT BALANCE, ITEM 6.)		

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